

AFDS Summary of Contracted Health Professionals

Name of Applicant: _____

Provide the name for each county in the applicant's requested service area and identify and provide the categories and numbers of contracted health professionals in each county.

A. Identify Category of Health Professionals:	County:	County:	County:
	No. of Health Professionals	No. of Health Professionals	No. of Health Professionals
1)			
2)			
3)			
4)			
5)			
B. Identify Category of Health Professionals by Specialty, if Applicable:			
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

Officer Certification: I certify that the information reported is complete and correct.

Signature of Authorized Representative

Date Signed

Authorized Representative Name and Title (type or print)

Telephone Number:

E-mail Address:

Contact Person (type or print)

Telephone Number:

E-mail Address:

PA 252 of 2000 requires submission of this form. Failure to complete and submit this form could result in denial of the application for a certificate of authority.



Michigan Department of Labor & Economic Growth

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